

ORDER/INVOICE/FULFILLMENT

Accg. ONLY	Inv. Comp.	By:	Date:	Client #	Order #	Inv. #	Multi-Invoicing of	
	ORIGINATOR (Signature) <u>[Signature]</u> DATE <u>7/23/90</u> Company <u>Advanced Medical Services</u> CA Tax Rate _____ Name Mr./Ms. <u>Steve Burkhardt</u> CT Tax 8% _____ Position <u>President</u> Salutation _____ Address <u>509 North 7th St.</u> State _____ City <u>Vincennes, IN 47591</u> Zip _____ Province _____ Country _____ Phone _____ Fax _____ Tlx _____						APPROVALS <u>JW</u> VP Sales/Res. Date _____ Controller _____ Date _____	
CUSTOMER/INVOICE TO	Special instructions for invoicing, progress billing, or delayed payments, etc. <u>JW 1500/day + expenses at end of project</u>							
	Contract Year Beg. _____ End _____		Invoice Type <input type="checkbox"/> Fulfillment Only <input type="checkbox"/> W/Order (OR) <input type="checkbox"/> Monthly (MO) <input type="checkbox"/> Quarterly (QT) <input type="checkbox"/> Pending		Employee # Sold by: _____ % _____ % _____ %		Employee # Commission to: _____ %	
ORDER	<input type="checkbox"/> New Order (N1) <input type="checkbox"/> Prior Yr (N3) <input type="checkbox"/> Renewal (N2) <input type="checkbox"/> Cancel							
	PO# _____ INPUT Contract <input checked="" type="checkbox"/> Letter <input checked="" type="checkbox"/> Verbal <input type="checkbox"/> Attach all authorizing documents to white (contract) copy.							
CLIENT AUTH.	Company _____ Province _____ Name Mr./Ms. _____ Salutation _____ Position <u>None</u> State _____ Address _____ Zip _____ City _____ Country _____ Phone _____							
	• Subscription (SB) • Copies (CP) • Merger/Acq. (ME) • Custom (YC/ZC/KC)/VC • Consult/Present (PR) • Exec Overview (EO) • Multiclient (MC) • Newsletter (NL) • Cont/Seminar (CN) • Reports (RP) • Reimbursed Costs (EX)							
SHIP TO	Indicate US, UK, FR, VA	Prod. ID/Year	Item Type Code	Item Description or Title	Quantity	Price	Shipped By	Date
	US	4N0AD	PR	consulting T+M, + expenses		3000 + exp		
ITEM TYPE								
DETAIL	Fulfillment to be completed in: <input type="checkbox"/> Corporate <input type="checkbox"/> London <input type="checkbox"/> Virginia <input type="checkbox"/> France <input type="checkbox"/> Other _____							
	• White - Contract • Green - Fulfillment • Yellow - Invoice • Pink - Originator • Goldenrod - Sales Manager							

M&S180 8/89

INPUT



TEMPORARY EMPLOYMENT AGREEMENT

EXHIBIT A

NAME: Henry W. Stygler TEL. # 203-421-4261ADDRESS: 60 Regent Hill Rd.
Madison, CT 06443SOCIAL SECURITY # 425-32-3669 W4 FORM ATTACHED EMPLOYMENT VERIFICATION FORM ATTACHED SUPERVISOR: T. O'Flaherty DEPARTMENT: ATRSDATE: FROM Aug. 1/90 TO Aug. 2/90 NO. 2 (DAYS) HOURS

TASK DESCRIPTIONS:

Custom consulting 2 days for Advanced
Microelectronics. (YNQAO)REVIEW OF PROGRESS:at end of projectRATE OF PAY: \$ 8.00 PER HOUR (DAY) TASK
(Delete where not applicable)TIME SHEETS:

An INPUT timesheet or Task Performance Sheet must be submitted by Friday a.m. of each week to the supervisor named above. Payment will be made by INPUT payroll from Mountain View office every other Tuesday.

REIMBURSABLE EXPENSES:

Any authorized reimbursable expenses must be submitted on an INPUT Expense Report form attaching supporting documents, to the supervisor.

SIGNED:

Employee

Date

Manager

Date



[illegible]

LOST RECEIPTS: TYPE: _____ AMT.: _____

UNUSED AIRLINE TICKETS ATTACHED: YES ☐ NO ☐

FOREIGN EXCHANGE COUNTRY:_____AMT.:_____

RATE USED:

ORIGINAL: ACCOUNTING COPY: EMPLOYEE

LESS NON-REIMBURSEABLE EXPENSES

LESS ADVANCE

NET DUE EMPLOYEE

SUBMITTED BY

DATE _____

APPROVED BY

DATE _____

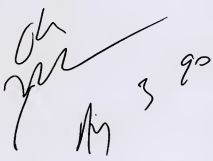


Invoice No.211

HENRY W. STIGLER
60 LEGEND HILL RD.
MADISON, CT. 06443
203 421-4261

SOLD TO:

INPUT
1280 Villa Street
Mountain View, California 94041

Customer's Order		YNQAD ADVANCED MICROELECTRONICS	Date 8/6/90	
HOURS	DESCRIPTION	HOURLY RATE	PRICE	
16	Consulting in Indianapolis and Vincennes, Indiana on 8/1/90 and 8/2/90.	\$100.00	\$1,600.00	
	Travel expenses above dates per detail attached.		\$469.50	
				
TOTAL AMOUNT			\$2,069.50	



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TRANSACTION REPORT

AUG- 6-90 MON 14:00 *

DATE	START	RECEIVER	TM TIME	PAGES	NOTE
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AUG- 6	13:50	14159613966	3'18"	5	OK
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TRANSACTION REPORT

AUG- 6-90 MON 13:45 *

DATE	START	SENDER	RH TIME	PAGES	NOTE
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AUG- 6-90	13:40	4159613968	4'45"	7	OK
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Parsippany Place Corporate Center, Suite 201, 959 Route 46 East, Parsippany, NJ 07054 (201) 299-6999

FAX No. (201) 263-8341

FAX TRANSMITTAL FORM

COVER SHEET - Page 1

DESTINATION:

INPUT CA

FAX NUMBER:

ATTENTION:

Sheila

Telephone Number/Location _____

FROM:

DATE:

PAGES:

1 of 3

TYPE:

CONFIDENTIAL CORRESPONDENCE YES _____ NO _____

URGENT

YES _____ NO _____

CHARGE CODE: _____

COMMENTS:

1. 1/1

1/1

1. 1/1

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FAX No. (201) 263-8341

FAX TRANSMITTAL FORM

COVER SHEET - Page 1

DESTINATION:

INPUT CA

FAX NUMBER:

ATTENTION:

Pat Cunningham

Telephone Number/Location _____

FROM:

DATE:

PAGES:

1 of 2

TYPE:

CONFIDENTIAL CORRESPONDENCE YES _____ NO _____

URGENT

YES _____ NO _____

CHARGE CODE:

YNQ AD.

COMMENTS:

